PLEDGE CARD

CENTER POINT PUBLIC SCHOOL FOUNDATION
2018-2019 ANNUAL DRIVE

Name _____

Address _____

_____

Cash Donation $_____ (One-time payroll deduction)

Payroll Deduction $_____ _____
Amount per Month # Months

Memorial Donation $_____ _____
Amount per Month # Months

Name for memorial and address for acknowledgement:

_____

_____

_____

I hereby authorize Center Point ISD to deduct the above from my paycheck and forward to the Center Point Public School Foundation.

_____ _____
Signature Date